SENATE JUDICIARY
Exhibit No. 17
Date: 3/26/15
Bill No. HB 477

Dear Senate Judiciary Committee:

I am proud that Montana is one of the five states to protect physicians' and patients' privacy and independence when making end-of-life decisions. Following Montana's lead, many other States now have bills attempting to pass Death with Dignity laws.

As a Board Certified Hospice and Palliative Care Family physician, and an Associate Medical Director of Hospice, I have ample experience helping people die peacefully and with quality. It is my duty to understand and respect each patient's belief about how they would like to die, and they in turn trust me to guide and help them through this inevitable process. I take very seriously my job in educating about every option available to patients.

The existence of Death with Dignity in Montana has increased end-of-life discussions with patients in our practice. People come in seeking advice and information. This has allowed me to educate patients on the entire death process, including use of narcotics, DNR/DNI, hospice care, spiritual and emotional support, terminal sedation, VSED, and Death with Dignity. Most patients do not qualify for terminal medication, but when they find out it is available if and when they qualify, their anxiety decreases markedly.

Medical practice in America spends much time keeping people alive with chemotherapeutics, feeding, and ventilation. Only now are we coming to value the death experience. Statistically speaking, only 10% of us will die suddenly, while over 40% of us will die in a hospital, perhaps alone and semi-conscious. Patients should be able to choose a quality death and should not be forced to suffer, be alone, be semi-conscious, lingering and in pain, despite best medical efforts. I have seen this too many times!

Most of my patients have entered into this decision making thoughtfully. Most are kind human beings, grappling with existential questions. Very few deaths involve extreme suffering and pain for family and patients. Yet in the rare cases in which a patient of sound mind has chosen Death With Dignity, he or she should be supported and protected. We should all have the entire gamut of choices available to us as we go through our own death. I fully support Death with Dignity and hope you will too. Please keep these decisions private and in the hands of physicians and patients. Please oppose HB477.

These decisions are medical, not political.

Sincerely,

Colette G. Kirchhoff MD

Notes to the Montana Senate regarding aid in Dying and HB447
From Rusby Seabaugh, MD Kalispell, MT

Most seniors feel that aid in dying is a very important individual freedom that must be preserved. Most of us seniors who are also physicians and who have had to witness the death process on many occasions, are especially concerned about the penalties mandated in HB447, which would effectively prevent physician assistance. It would also change the delivery of care in hospitals and nursing homes, and could be the death knoll for hospice care, which has been the greatest source of compassion for those receiving care for the terminally ill.

Aid in dying is not suicide. Suicide is choosing death when life is an option. For those making end of life choices life without suffering and indignity is not an option. There is only death. And the choice is a personal choice that can be made only by the individual with the support of his or her immediate family. Leave us this personal liberty.

I am sure all of you have looked at the data from Oregon. I'm sure you know that the process is not abused, and involves only those people who are in the very last stages of life. Also it is not mandated that any physician MUST be involved if he or she does not wish to.

Why would the legislature want to be involved in such a personal and important end of life decision? Why would you want to fine your physicians and throw them in jail?

The Montana Supreme Court has allowed us this small personal freedom. Let us keep it. Vote NO on HB477

Rusby Seabaugh, M.D.

Kalispell MT. 3/26/15

VOTE NO on HB477

Shawna Yates, DO, MS Butte Montana
Certified Hospice and Palliative Care Physician

The majority of my patients are older and many of them are dying. Some of them still have the ability to make their own well thought out decisions and some do not. Yet I care for them all and their families with the same level of compassion, as if they were a newly born child with their whole life ahead of them.

The dying process is not easy and most of us are truly afraid of the entire thought surrounding it. HB477 is another way our society is trying to make dying even more horrid and smear criminal in the faces of physicians. These physicians are people who have evolved with the times as our society has been able to prolong the lifespan beyond 80 years old, and offer endless medical advances. Yet as a society, we still hesitate to talk about the final chapter. Is this because we are afraid of dying?

If we as scholars, lawmakers and citizens of this great country can for just a moment leave this decision to the individual. The discussion must be about the individual, their autonomy to live the best life for them and since none of us can place ourselves in their shoes how can we know what is the right death.

In my eleven years of practicing medicine, only two people have asked me to aid in their dying. One, a man with Multiple Systems Atrophy and bound to the bed in his late 50's, he explained that when he could no longer control his bowels, he did not want to remain on this earth. He wanted to release his wife and children. He wanted to die with as much dignity as he had left. The second was a woman of 94, her body crippled with arthritis, she needed help to the toilet, pain medication was intolerable. She had macular degeneration, so she could not read, watch TV or even feed herself anymore. Her quality of life was gone, she felt like a woman who's mind remained but her body failed her. What lie ahead was weight loss and bedsores and more pain. She wanted to leave this earthly world and release her daughter who had been at her bedside for over 10 years to enjoy some of her Golden Years. Whether I helped or not is between my patients, their families, me and God.

The other hundreds of individuals who have passed on my watch, I too feel we have given as much choice in the matter as humanly possible. I like to think of it as the good death. The good death means communication about how one wants the end to look and what medications they want and don't want. Do they want to die at home or not? Are there religious rituals that they would like carried out? These conversations are very difficult now and by criminalizing the act of death with dignity the conversations will stop. <u>We are afraid of dying</u>.

Vote No on HB477. The current ruling in *Baxter v Montana* is adequate for dying with dignity in Montana. It allows Montanans to have the autonomy for care at end of life. And we will not undermine the private relationship between an individual and their doctor during this most important time.

Senate Judiciary Committee Hearing March 26, 2015
Oppose HB477

I am a retired physician whose career as a pathologist included functioning for many years as a medical examiner in the states of California and Washington (long before the adoption of the Washington legislation allowing aid in dying under specified circumstances. During those years I dealt with a great many deaths that confirmed my strong support for continuing to allow physicians to administer assistance under appropriate circumstances. If every death was either sudden and unexpected, or slow and comfortable for the dying person, this support would not be necessary. But having performed postmortem examinations on hundreds of individuals who died after prolonged agony from pain, slowly progressive respiratory failure, helplessness, and other unpleasant situations beyond the capability for cure or amelioration by medical means.

Many issues that you as legislators confront deal with the issue of protecting the right to privacy. I can imagine no situation more appropriate for application of that principle that in the case of a hopelessly ill individual experiencing experiences or situations beyond the capability for effective amelioration, whose only wish is to have a peaceful and rapid end to their suffering. No person with personal beliefs incompatible with this wish should ever be forced to seek death in this manner, but neither should they have the right to force all others to comply with those beliefs.

Vote no on HB477

Respectfully submitted,
J. Bruce Beckwith MD
88 Brookside Way
Missoula MT 59802

Some one once said [I believe it was Will Rogers] only 2 things in life are certain---death and taxes. We are here today to talk about death. Each of us here in this room is dying. The difference between us is how rapidly we are dying. In our present society there seems to be reluctance in talking about the dead. We say he passed on or he went with his maker or he went down the road of no return or any number of other cliché's. We have even a harder time talking about approaching death. We are all going to die. HOW we are going to die is the question. We have all heard of heartwarming stories of easy deaths--like the hunter who is found on a wind blown ridge sitting under a tree his hunting rifle leaning against a tree and his noonday sandwich on his lap. We should all hope for such a sudden and peaceful death.
On the other end of the dying spectrum is the patient with amyotrophic lateral sclerosis (Lou Gehrig's disease)- a disease that slowly weakens the muscles of respiration, the muscles that allow you to breathe, so that each breath becomes an increasing effort.

Or the patient with the unrelenting deep boring pain of pancreatic cancer.

Or the patient with prostate cancer that has spread to bone.

Or a disease like Parkinson's that can effect swallowing to the point that you cannot eat because you aspirate food into your airway or causes you to loose bladder or bowel control.

Some of these unfortunate patients remain miserable and degraded despite the best of palliative care. They wish for death. They pray for death but death does not always come easily.

It is for this later type patient that aid in dying is an option. Aid in dying is a treatment for an inevitable death. It is a step in spectrum of palliative care and may be a blessing for both the patient and the family. Aid in dying is based upon an understanding between a terminally ill mentally competent patient and his physician. Ideally end of life discussions would have taken place previously. If patient and physician are in agreement a prescription for a lethal dose of a barbiturate is issued. The patient may use the drug at his discretion. He is in control. He may make whatever plans he desires. He may say his goodbyes. Experience shows us that over 30% of prescriptions written for aid in dying are never used but patients experience peace of mind knowing they are in charge.

Aid in dying is not for every one. Some do not embrace the concept for personal, religious, or professional reasons. Those opposed should not, and would not ever have to, engage in the practice of either receiving or providing aid in dying.

There is a ground swell of interest in end of life planning. Within the past several weeks the New York Times has had several articles concerning end of life decisions including aid in dying. There have been articles in some of the other lay press. We are told that almost 20 states have bills pending concerning aid in dying. Presently aid in dying is available in Oregon, Washington, Vermont, New Mexico, and Montana.

The prestigious Institute of Medicine's report Dying in America calls for a rehaul in our present system of advanced directives pointing out that traditional living wills and durable power of attorney have failed; failed for any number or reasons. They suggest a system that would utilize web-based technology to reach more and younger people; a system that would foster healthy living scenarios and introduce end of life planning early on and to have the collected data readily available --a flaw in our present system. A pilot program called PREPARE is being written.

House Bill 477 is a bad bill. Passage of this bill would eliminate an important and necessary option for end of life planning and would criminalize a physicians act of compassion.

House Bill 477 is a selfish bill in that it would impose the moral principals of some by disallowing the beliefs of others.

House Bill 477 is contrary to the basic right of self-determination.

Jim McCreedy, MD